



NEW HIRE REPORTING FORM
NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
SFN 1018 (12/97)

Date:

Mail To:

Child Support Enforcement
ND Department of Human Services
PO Box 7369
Bismarck, ND 58507-7369

OR

Fax To:

Child Support Enforcement
ND Department of Human Services
Fax #: (701) 328-5497
Total Pages Faxed: _____

Part 1: Employer Information *(please print or type)*

Employer Name and Address:

For SDNH office use only.

Federal Employer Identification Number:

Part 2: Employee Information *(please print or type)*

	Employee Name	Employee Address	Employee Social Security Number	Employee Date of Birth (optional)	Employee Date of Hire (optional)
1					
2					
3					
4					
5					

(Use continuation sheet to report additional new hires.)

Employer Representative:

Telephone:

INSTRUCTIONS FOR COMPLETING THIS FORM MAY BE FOUND ON THE REVERSE SIDE

INSTRUCTIONS FOR COMPLETING THE NEW HIRE REPORT

Federal and state laws require that all employers must report employees hired on or after October 1, 1997.

Step 1: Enter the date you will be mailing or faxing the form. If faxing, also enter the number of pages.

Under Part 1 . . .

Step 2: (REQUIRED) Enter the employer's name.

Step 3: (REQUIRED) Enter the employer's address. Be sure the address is complete, including street address or PO Box, and city, state, and zip code.

Step 4: (REQUIRED) Enter the Federal Employer Identification Number. This is also referred to as an EIN, FEIN, or Federal tax identification number. This is the same number as Box 10 of the W-4 form.

Under Part 2, for each newly hired employee . . .

Step 5: (REQUIRED) Enter the employee's name.

Step 6: (REQUIRED) Enter the employee's address. Be sure the address is complete, including street address or PO Box, and city, state, and zip code.

Step 7: (REQUIRED) Enter the employee's social security number.

Step 8: (OPTIONAL) Enter the employee's date of birth.

Step 9: (OPTIONAL) Enter the employee's date of hire. The date of hire is the employee's first day of work.

After steps 1 - 7, or 1 - 9 (at employer option), enter the name and telephone number of the employer representative and send the completed form to the address or fax number on the top of the form. If faxing the form, do not also mail it. Please be sure the correct side of the form is faxed.

How do I know if I am an employer who needs to report new hires?

The definition of "employer" for new hire reporting purposes is the same definition used for federal income tax wage withholding purposes (as defined by section 3401(d) of the Internal Revenue Code of 1986) and includes any governmental entity and any labor organization. As a general rule, if an employer is required to give an employee a W-2 form showing the amount of taxes withheld, the employer must comply with the new hire reporting requirements.

How do I know if the person I just hired needs to be reported?

The definition of "employee" for new hire reporting purposes is the same definition used for federal income tax wage withholding purposes (as defined by Chapter 24 of the Internal Revenue Code of 1986). As a general rule, if an employee is given a W-2 form showing the amount of taxes withheld, that employee fits the definition for new hire reporting.

When must I report?

The report must be made no later than 20 days after the employee's date of hire.

If you have any questions, please contact:

Child Support Enforcement
ND Department of Human Services
PO Box 7369
Bismarck, ND 58507-7369

Telephone: (701) 328-3582
Toll free in ND: 1-800-755-8530
For TDD service: 1-800-366-6888

IF YOU WOULD LIKE TO RECEIVE THIS FORM IN AN ALTERNATE FORMAT (SUCH AS LARGE PRINT OR BRAILLE), PLEASE CALL THE ABOVE NUMBER TO MAKE ARRANGEMENTS.

Your cooperation helps our nation's children - Thank You!

**NEW HIRE REPORTING
CONTINUATION SHEET**

(Use this sheet to report additional new hires.) *(Please print or type.)*

Page ____ of ____

Date:

Employer Name:

Telephone:

	Employee Name	Employee Address	Employee Social Security Number	Employee Date of Birth (optional)	Employee Date of Hire (optional)

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